



UNITED STATES PATENT AND TRADEMARK OFFICE

TELE 645

NOV 28 2007

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LUCAS & MERCANTI, LLP

LUCAS & MERCANTI, LLP
 475 PARK AVENUE SOUTH
 15TH FLOOR
 NEW YORK, NY 10016

NOTICE TO PAY BALANCE OF ISSUE FEE

The issue fee payment filed on 11/05/07 has been received. Although the fee paid in the Notice of Allowance was paid, new patent fees went into effect on September 30, 2007 after the mailing date of the Notice. See the Sections 801 and 803 of the Consolidated Appropriations Act, 2005 (H.R. 4818). As stated in Section 803 of the Act, "the provisions of this title shall take effect on the date of enactment of this Act... the provisions of section 801 shall apply to all patents, whenever granted, and to all patent applications pending on or filed after the effective date [September 30, 2007]. Because the issue fee was paid on or after September 30, 2007, the new issue fee was due instead of ~~DOCUMENTED~~ in the Notice of Allowance."

In accordance with 37 CFR 1.18, applicant is given a time period of **THREE (3) MONTHS** from the mailing date of this notice during which to pay the **BALANCE DUE** indicated below. The balance due is the difference between the issue fee required on the date that the correct issue fee is paid and the amount that was previously paid. This three-month time period may not be extended. If the balance due is not paid before the expiration of the three-month period, the application will become abandoned (if not issued) or the patent will lapse (if issued) at the termination of the three-month period.

App. Type	Column A Issue Fee Req. large entity / small entity	Column B Issue Fee PAID	Balance Due. Col. A minus Col. B
UTILITY or REISSUE	\$1,440.00 / \$720.00	\$ 1400.00	\$ 40.00
DESIGN	\$820.00 / \$410.00	\$	\$
PLANT	\$1,130.00 / \$565.00	\$	\$

Adjustment date: 11/30/2007 HDEMESS2

11/06/2007 HDEBREM2 00000012 10829142

02 FC:1505

B4400P0004

A copy of this notice MUST be returned with payment.

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Printed Name: _____ Signature: _____

Krystal Paige
 Office: 703-308-9250
 Fax: 571-270-9937

00000015 10829142
 12/05/2007 140.00 OP

¹ Applicants should check the current fee schedule posted on the USPTO Internet web site at <http://www.uspto.gov/main/howtofees.htm> before paying the balance due in order to ensure that the correct issue fee is paid. If applicable, fees may also be paid by EFS Web, Credit Card or Deposit Account.

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PTO/SB/021 (11-07)

Approved for use through 11/29/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	101 829,142
Filing Date	04/21/2004
First Named Inventor	Takano, Hiroaki
Art Unit	2622
Examiner Name	WHIPKEY, Jason
Attorney Docket Number	KON - 1875

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached PTO-2038 <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
NOTICE TO PAY BALANCE OF ISSUE FEE.		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LUCAS & MERCANTI		
Signature	Donald C Lucas		
Printed name	DONALD C LUCAS		
Date	Nov 28 2007	Reg. No.	31 275

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	Donald C Lucas	
Typed or printed name	DONALD C LUCAS	
	Date	Nov 28 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO-8517 (10-07)

Approved for use through 06/30/2010. GMB 0651-0032

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NOV 28 2007

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL
For FY 2008 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

40.00

Complete If Known

Application Number 101829,142

Filing Date 04/21/2004

First Named Inventor Takano, Hiroaki

Examiner Name WHIPKEY, Jason

Art Unit 2622

Attorney Docket No. FON-1875

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 02-2275 Deposit Account Name: LUCAS & MERCANTI

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fees(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information contained herein becomes public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)****Fee (\$)**

Each independent claim over 3 (including Reissues)

210

105

Multiple dependent claims

370

185

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

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